

Foster Family Home - Corrective Action Report

Provider ID: 1-513194

Home Name: Martina Sanchez, CNA

Review ID: 1-513194-4

92-370 Waiomea Street

Reviewer: Sue Lo

Kapolei HI 96707

Begin Date: 11/16/2017

End Date: 11/17/2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date